

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 413)**

Serial No.

Applicant(s)

Filing Date

8283190

6-27-01 9-12-01

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT											
NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1		1						61							
2								62							
3								63							
4								64							
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45															
46															
47															
48															
49															
50															
TOTAL NO.	2		2					TOTAL NO.							
TOTAL OFF.	28		25					TOTAL OFF.							
TOTAL	40		28					TOTAL							